CLAIMS ONLY

Application Number	10/612859	Filing Date
Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5							55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		1					60						
11		/					61						
12		1					62						
13		1					63						
14	I						64						
15		/					65						
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17		/					67						
18		/					68						
19		1					69						
20		1					70						
21		1					71						
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46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						